

# United States District Court

DISTRICT OF MASSACHUSETTS

SEEKONK HOLDINGS, LLC

## SUMMONS IN A CIVIL CASE

CASE NUMBER:

04 - 11682-NMG

V.

TIMOTHY P. McINERNEY, INDIVIDUALLY AND  
IN HIS CAPACITY OF TOWN ADMINISTRATOR  
OF THE TOWN OF SEEKONK AND TOWN OF  
SEEKONK

TO: (Name and address of defendant)

TIMOTHY P. McINERNEY  
Seekonk Town Administrator  
100 Peck Street  
Seekonk, Massachusetts 02771

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

JOHN B. REILLY, ESQ.  
JOHN REILLY & ASSOCIATES  
300 CENTERVILLE ROAD  
SUMMIT WEST - SUITE 330  
WARWICK, RI 02886  
(401) 739-1800

an answer to the complaint which is herewith served upon you, within 20 (TWENTY) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(BY) DEPUTY CLERK



7-29-04

Deputy Sheriff Benjamin W. Keene, III

Deputy Sheriff

I hereby certify and return that on 8/12/2004 at 09:19 am I served a true and attested copy of the Summons and Complaint, Exhibit A - D in this action in the following manner: To wit, by delivering in hand to Timothy P. McInerney at Seekonk Town Administrator 100 Peck Street Seekonk, MA 02771. Copies (\$2.00), Basic Service Fee (\$30.00), Postage and Handling (\$2.75), Attest Fee (\$5.00) Total Charges \$39.75

August 16, 2004



Bristol, ss.

Bristol County Deputy Sheriff's Office • P.O. Box 8928 • New Bedford, MA 02742-0928 • (508) 992-6631

<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____</p> <p>_____ Signature of Server</p> <p>_____ Address of Server</p>	
DECLARATION OF SERVER	
TRAVEL	SERVICES
TOTAL	
STATEMENT OF SERVICE FEES	
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p><input type="checkbox"/> Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	
Check one box below to indicate appropriate method of service	
NAME OF SERVER (PRINT)	TITLE
DATE	DATE
RETURN OF SERVICE	